

WELL CONSTRUCTOR'S REPORT TO WISCONSIN STATE BOARD OF HEALTH
See Instructions on Reverse Side

Wol 6

1. County Ozaukee Town ☒ Cedarburg
Village ☐
City ☐ Check one and give name
2. Location 370 N. Highland Dr. Cedarburg, Wis.
Name of street and number of premise or Section, Town and Range numbers
3. Owner ☒ or Agent ☐ Earl B. Matthes
Name of individual, partnership or firm
4. Mail Address 370 N. Highland Dr. Cedarburg, Wis.
Complete address required
5. From well to nearest: Building 16 ft; sewer none ft; drain none ft; septic tank none ft;
dry well or filter bed none ft; abandoned well none ft.
6. Well is intended to supply water for: home

7. DRILLHOLE:

Dia. (in.)	From (ft.)	To (ft.)	Dia. (in.)	From (ft.)	To (ft.)
8	0	41	ROTARY		
6	41	118			

8. CASING AND LINER PIPE OR CURBING:

Dia. (in.)	Kind and Weight	From (ft.)	To (ft.)
6	Steel	0	41
	PE 18.97 new black		

9. GROUT:

Kind	From (ft.)	To (ft.)
Cement grout	0	41

11. MISCELLANEOUS DATA:

Yield test: 3 Hrs. at 18 GPM.
Depth from surface to water-level: 50 ft.
Water-level when pumping: 75 ft.
Water sample was sent to the state laboratory at:
Madison on 12-21 1967
City

10. FORMATIONS:

Kind	From (ft.)	To (ft.)
Sandy clay	0	8
Hardpan	8	13
Broken limestone	13	16
Limestone	16	118

Construction of the well was completed on:

Dec. 18 1967

The well is terminated 10 inches
☒ above, below ☐ the permanent ground surface.

Was the well disinfected upon completion?

Yes ☒ No ☐

Was the well sealed watertight upon completion?

Yes ☒ No ☐

Signature

[Signature]
Registered Well Driller

Please do not write in space below

LIEBAU-LAUN, INC.

1200 W. Liebau Rd. 124 N.
Mequon, Wisconsin 53092

Rec'd _____ No. _____

Ans'd _____

Interpretation _____

10 ml 10 ml 10 ml 10 ml 10 ml

Gas—24 hrs. _____

48 hrs. _____

Confirm _____

B. Coli _____

Examiner _____

